California Health Policy and Data Advisory Commission
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Minutes
Health Data and Public Information Committee
September 28, 2006

The meeting was called to order by Howard L. Harris, Chairperson, at 10:05 a.m. in Room 470 of the Bateson Building, 1600 Ninth Street, Sacramento, California.

Present:	Absent:
Howard L. Harris, PhD, Chair	Vickie Ellis
Vito Genna, CHPDAC Chair	Lark Galloway-Gilliam
Jan Meisels Allen	Janice Ploeger Glaab
Jay R. Benson	Dorel Harms
Stephen Clark	Lisa Simonson Maiuro
Denise M. Hunt	Santiago Munoz
Debra Lowry	Terri Smith O'Rourke
Catherine Nichol	
Darryl Nixon	
Jacquelyn Paige	

CHPDAC Staff: Kathleen Maestas, Acting Executive Director; Terrence Nolan, Office Assistant

OSHPD Staff: David M. Carlisle, MD, PhD, Director; Beth Herse, Staff Counsel; Michael Rodrian, Deputy Director, Healthcare Information Division; Jonathan Teague, Manager, Healthcare Information Resources Center; Joseph Parker, Manager, Healthcare Outcomes Center; Mallika Rajapaksa and Brian Paciotti, Healthcare Outcomes Center; Candace Diamond, Manager, Patient Discharge Data Section; Rob Fox and Lorraine Sady, Patient Discharge Data Section

Also Present: Robert H. Powell, JD, California Health Information Association

Approval of Minutes: It was moved, seconded and carried to approve the minutes of the meeting of January 12, 2006 with a correction to the spelling of Diana Tomoda's name.

OSHPD Report -- David M. Carlisle, MD, PhD

Dr. Carlisle reported on recent leadership changes at OSHPD. Kurt Schaeffer, Deputy Director, Health Facilities Development Division, is retiring. During the 12 years Mr. Schaeffer has been with OSHPD, he has been instrumental in substantial reforms to the division, improving its efficiency and effectiveness, implementing the

seismic safety program for the State of California, and improving the division's turn-around time on hospital construction projects. John Gillengarten will replace him in an acting capacity. Mr. Gillengarten has worked both in the private sector and the government sector as a structural engineer and is renowned for his capabilities.

Brenda Russell has been appointed Acting Manager of the Health Professions Education Foundation. The Foundation administers the scholarship and loan repayment program for OSHPD and administers the new Stephen Thompson program for physician scholarships and loan repayments for those recipients who will practice in under-served areas.

In October, the California Primary Care Association will be awarding a special hero award to Konder Chung, an OSHPD employee, in recognition of her nationally renowned work in designating areas as shortage areas for the State of California. Ms. Chung has developed and implemented a methodology that has given California a special degree of flexibility in designating and implementing shortage designations.

If AB 774 (Wilma Chan) is signed within the next few days by the Governor, it will require hospitals to provide charity care up to 350 percent of the Federal Poverty Level, with a few exceptions. It also will make OSHPD the repository of charity care policy. If that bill is signed, the Legislative Assistant Director, Teresa Smanio, will be invited to provide more information at the next HDPIC meeting.

CHPDAC Report -- Vito Genna, Chair

Mr. Genna reported that a letter has been received from Kaiser in reference to the upcoming Community-Acquired Pneumonia Outcomes Report. Before the report is publicly released, it is distributed to hospitals for a 60-day comment period. The letter says that 25 to 30 percent of patients admitted to Kaiser hospitals from Board and Care facilities were inadvertently assigned codes that identified them as being admitted from home. Patients admitted with pneumonia from Board and Care facilities are often at high risk for death and complications. The letter concludes that the inclusion of these data causes a substantial bias in mortality outcomes for this diagnosis.

It is unknown if the medical records personnel doing the coding did not pay attention to the instructions and whether it is one or more hospitals that have the problem.

Dr. Parker said there is a code in the patient discharge data for "source of admission." Only patients who have a source of admission coded as "home" are included in the study. This ensures that patients are not hospital-acquired pneumonia cases, but community-acquired pneumonia cases.

The first community-acquired report used 1999-2001 data. Five out of the 29 comment letters mentioned this as a problem. The new report using 2002-2004 data is being referenced by the Kaiser letter. Ten comment letters have been received for this second report, three of which touched on the issue. One letter mentioned that hospitals have had

time to correct the problem since the issuance of the first report. OSHPD would not know if hospitals made adjustments once they found a problem.

The source of admission data element has been in existence since 1995 and is broken down into three areas: site, licensure of site, and route. Site is broken down into home, residential care facility, ambulatory surgery, skilled nursing, acute in-patient hospital care, newborn, prison/jail, and other sites. Licensure of site has three selections: from this hospital, from another hospital, or not from a hospital. Route is from an emergency room or not. The accounting and reporting manual designates that board and care should be reported under residential care facility.

Kaiser requested that OSHPD withhold the report because it is thought to be biased.

A motion was made by Jan Meisels Allen that the HDPIC recommend to the Commission that the report go forward with comments included in the Executive Summary reflecting concerns by those hospitals that submitted letters on potential coding differences. Steve Clark seconded the motion, and it carried unanimously.

Report from the Healthcare Outcomes Center – Joseph Parker, PhD, Manager

The Community-Acquired Pneumonia Outcomes Report covers 203,000 community-acquired pneumonia patients over a three-year period from 390 hospitals. The 30-day raw mortality rate for this group is 12.3 percent, a number that has held steady for the last eight years. The risk-adjusted mortality rates range from about five percent for those designated the best hospitals to as high as 22 percent for those designated as worse than expected. There are 25 hospitals rated as better than expected in this report, 28 worse than expected, and 309 as expected. There were 28 hospitals that had volumes of less than 30 cases and were not rated. The report is expected to be released sometime in October.

The CAP patient data are analyzed with two different risk models. One includes “do not resuscitate” within 24 hours as a risk factor, and the other model does not. Based on the results of these analyses, two risk-adjusted mortality rates are calculated for each hospital: one based on the model that uses DNR and one based on the model that does not. Hospitals have to be either better than or worse than expected on both models before they are assigned the category publicly in the report.

A press release is being drafted to accompany the public release of the report. The report and press release will be embargoed for a few days to give the press an opportunity to write their stories. There will be a two-page executive summary and include a paragraph urging hospitals to implement the best practices, supported by their local community, to reduce the large differences in risk-adjusted mortality rates. A request was made to distribute the report to the HDPIC and Commission at the same time. Ms. Paige said she could supply a list of organizations such as AARP, non-profits, and some consumer groups that would have an interest in the report.

The maternal outcomes report is moving forward, using 2003-2005 data and will include risk-adjusted, third and fourth degree perineal laceration rates. Hospitals will be provided with risk-adjusted rates on these lacerations and performance ratings, as well as risk-adjusted readmission rates for unplanned readmissions. There are about 658,000 vaginal deliveries covered in the report. The rate of perineal laceration, third and fourth degree, is 4.8 percent in the State, yet there is quite a bit of variation in that rate across hospitals. The readmission rate, which includes about 868,000 patients, is about .5 percent. The overall cesarean section delivery rate in California is about 25.5 percent. The primary (first C-section) cesarean section rate is about 12 percent. The TAC suggested some additional analyses. The report will probably be released next spring.

Report from Healthcare Information Division (HID) – Michael Rodrian, Deputy Director

A draft report has been received from Dr. Andrew Bindman, UCSF, relating to the addition of new patient level data elements to the reporting system. This is the first time that specific data elements have not been mandated, although legislation does lay out several conditions that must be met, such as assessing the cost and the value of each of the data elements that are added. Some of the proposed data elements are sociodemographic elements.

In their feedback, the California Hospital Association and California Health Information Association expressed interest in being part of the decision process and there were concerns about the burdens and timelines that would be placed on hospitals. OSHPD will follow national standards when adding data elements. OSHPD needs more information about which of the data elements are already being captured at the hospital level, which ones are in systems that could possibly be integrated with the current reporting systems, and how many hospitals are integrating electronic health record development. It is anticipated that OSHPD will collect data elements that will be applicable to a large patient population.

The CHIA Board asked OSHPD to survey their members to determine if they could make an estimate of cost.

OSHPD will not be making any changes without further study and coordination with the major players. The changes then would need to go through the regulatory process before implementation, which takes approximately one year. A work plan and matrix needs to be drawn up and evaluated to outline the different criteria, which will be shared with CHPDAC's committees.

Healthcare Information Resource Center – Jonathan Teague, Manager

One of the biggest demands on staff's time is the reporting of hospital charge master data, to provide more information to the consumer. Historically, OSHPD's target audience has been a fairly technical and sophisticated audience. Staff is attempting to expand and set up web resources to make data available to the general public.

In 2005, hospitals were required to report 25 common services. This was changed by legislation to require the hospitals to report 25 common outpatient procedures. OSHPD

was directed to use its existing administrative data to develop the top 25 most common diagnosis related groups (DRGs), a proxy for a medical procedure. Staff discussed with the legislative author's office how to define a medical service so that it can be priced out, and settled on DRG.

When looking at how to make the information more accessible, staff looked at how data from other states are presented. OSHPD now has 2005 and 2006 data which can begin to show trends in price changes. Mr. Teague then gave a demonstration of how data can be presented and accessed on the website.

There has been an overall redesign of OSHPD's website. An internet redesign was completed in 2004 to follow State mandates to provide a unified look. Since then, technology has continued to develop and requirements have become more sophisticated. OSHPD is undertaking another redesign with the main focus on accessibility for persons with visual impairments, motor impairments, etc., in accordance with the mandates of the Americans with Disabilities Act and related laws. It is expected to be a user-friendly website which will be easy to read and navigate, giving alternative paths available. The target completion date for this phase is mid-summer of 2007.

The Perspectives is a periodic document. The most recent document uses 2004 data. Because of the amount of information, Perspectives is no longer available in printed format. This document has been adapted to the web, making use of hyperlink technology. The target audience is the general public, local government, healthcare industry, planning for healthcare services, etc. The data collected by OSHPD includes financial and utilization data, both at the facility level and patient data, which are synthesized to produce a more coherent picture. This is framed by county and for the state as a whole. This information is available on CD-ROM and will be available on the web. Currently, it is undergoing internal review.

Each county gives an overview of demographic information, largely obtained from the Department of Finance population figures. It provides an overview of healthcare resources, OSHPD's facility-level data. Hospitalization characteristics are pulled from OSHPD's discharge data set, emergency department and outpatient surgery clinic data. Also included is basic economic information such as employment sectors and unemployment rates.

Discussion then turned to how to let the public, legislators, policy planners, county supervisors, and others know of the availability of Perspectives and other OSHPD documents.

A motion was made by Deb Lowry: The Committee, recognizing the need for additional forms of distribution besides just posting on the web and CD, indicated there should be a hard copy summary accompanying the CD, that would spark interest in the displayed data. The motion was seconded by Stephen Clark, and carried unanimously. Mr. Teague then proceeded to demonstrate how the data could be accessed.

Future Meeting Date: The next meeting will be held on Tuesday, November 14, 2006 in Sacramento. Upcoming activities requiring the Committee's attention are the implementation of charity care reporting, and the Bindman report on data elements.

Adjournment: The meeting adjourned at 1:40 p.m.